

Name in Full

Certificate of Death

Clement Clark Douglass

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

9-27

Age

1-18

Md.

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

S. E. Douglass

Mary Phillips

Cause of

Primary

Ileo-colitis

How long sick

3 mo.

Death

Immediate

Inanition

Accident Suicide Homicide

Reported by

J. R. Phillips

Address

Preston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Wm H. Embury

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

103

Sept 12

Age

68

Md.

Farmer

Male

White

Married

Widow

~~Single~~~~Female~~~~Colored~~~~Single~~

Widow

Number of children living

one

Husband

of

Wm

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Typhoid Fever

How long sick

3 weeks

Death

Immediate

Nervous Exhaustion

Accident, Suicide, Homicide

Reported by

J. L. Noble M D

Address

Preston Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

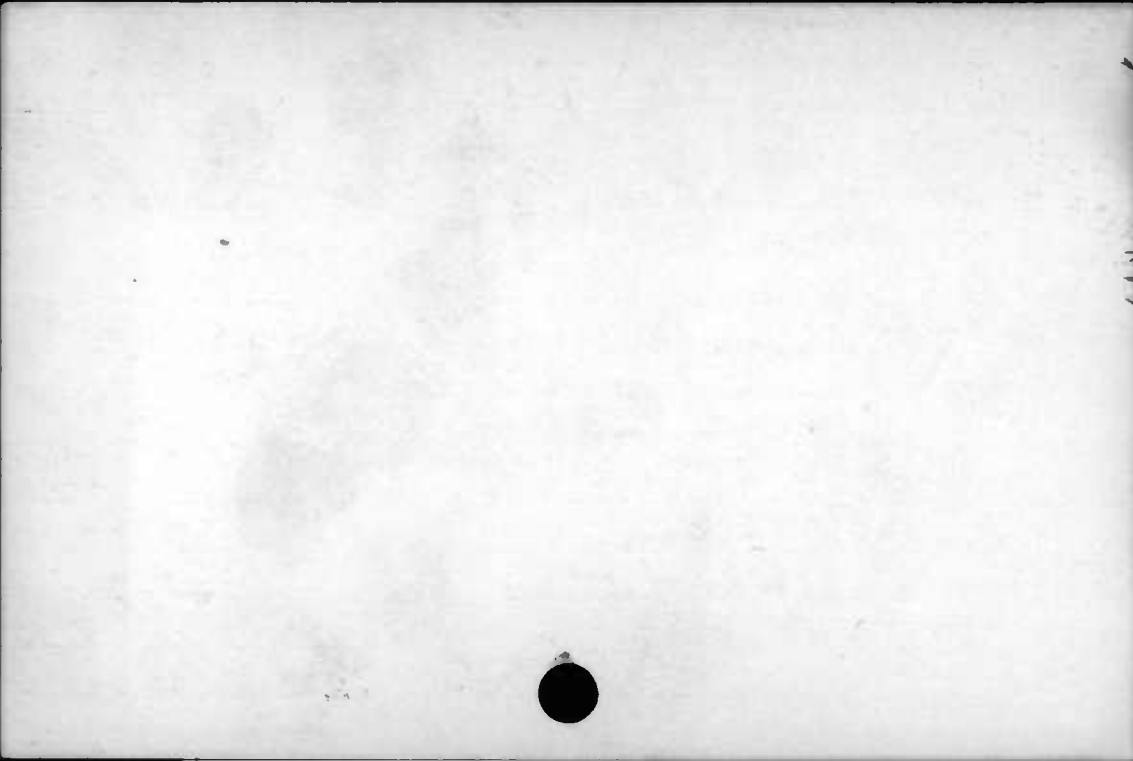
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Griffin</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death 1903	Month <i>Sept</i>	Day <i>14</i>	Age	Years	Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pa.</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>R.R. Clerk.</i>				
Name of Wife Husband <i>Louisa Oglesby</i>					
Father's Name				Father's Birthplace <i>Pa.</i>	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>M. A. Robinson</i>				How related to deceased <i>Son in law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Stenosis.</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. P. F. Miller</i>
	Address <i>Wilmington.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>2</i> <i>June</i> <i>Henderson</i> <i>Town</i> <i>Caroline</i> <i>County</i>		MARYLAND			
Date of death 190 <i>3</i>	Month <i>9</i>	Day <i>18</i>	Age <i>36</i>	Months <i>3</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Phila</i>			
Married, Single or Widowed <i>-</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband					
Father's Name <i>William G. Lumb</i>			Father's Birthplace <i>Phila</i>		
Mother's Maiden Name <i>Hannah J. DeLham</i>			Mother's Birthplace <i>Phila</i>		
Name of person giving information <i>W. G. Lumb</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>10 d u</i>
Immediate <i>Heart Exhaustion</i>	How long <i>1 d u</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jas. E. Golley</i>
	Address <i>Lumberville</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

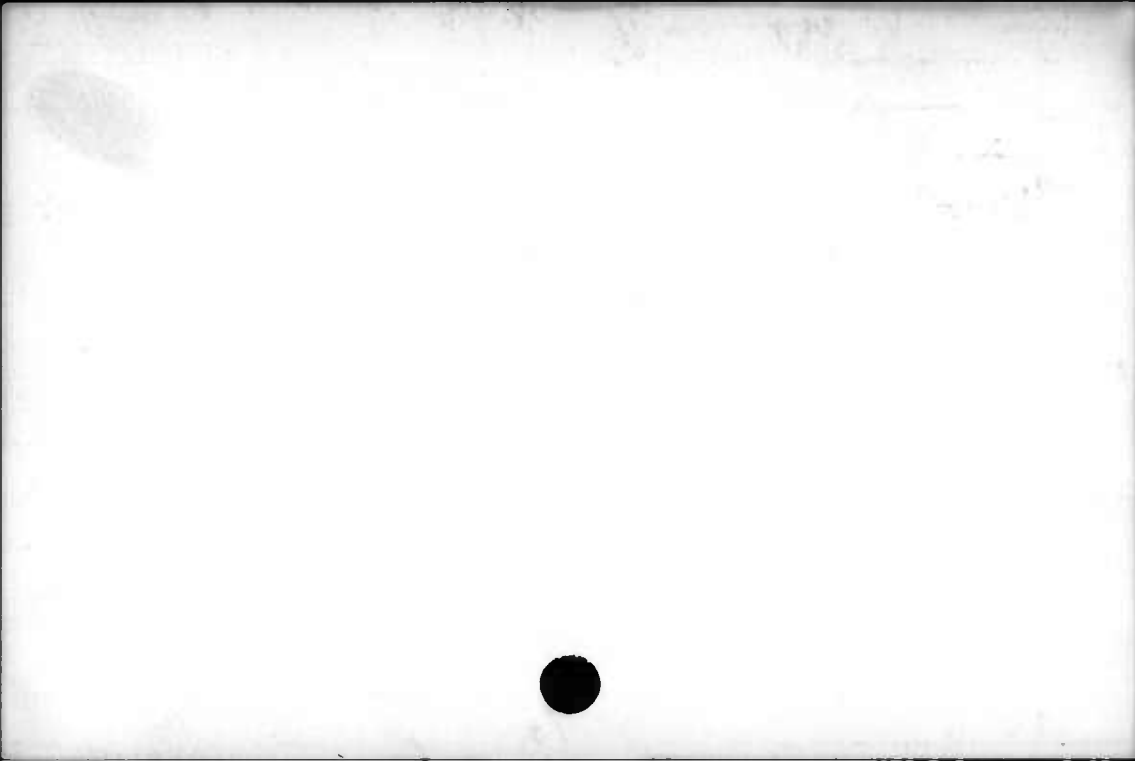
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Denton</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>Sept-</i>	Day <i>4</i>	Age <i>Years</i>	Months <i>5</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>"</i>		Name of Wife or Husband <i>"</i>			
Father's Name <i>James H. Neighbors</i>	Father's Birthplace <i>Maryland</i>		<i>105</i>		
Mother's Maiden Name <i>Lella M. Brown</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>John Neighbors</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Enoch George M. W.</i>
	Address <i>Denton Caroline Co Maryland</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

CERTIFICATE OF DEATH

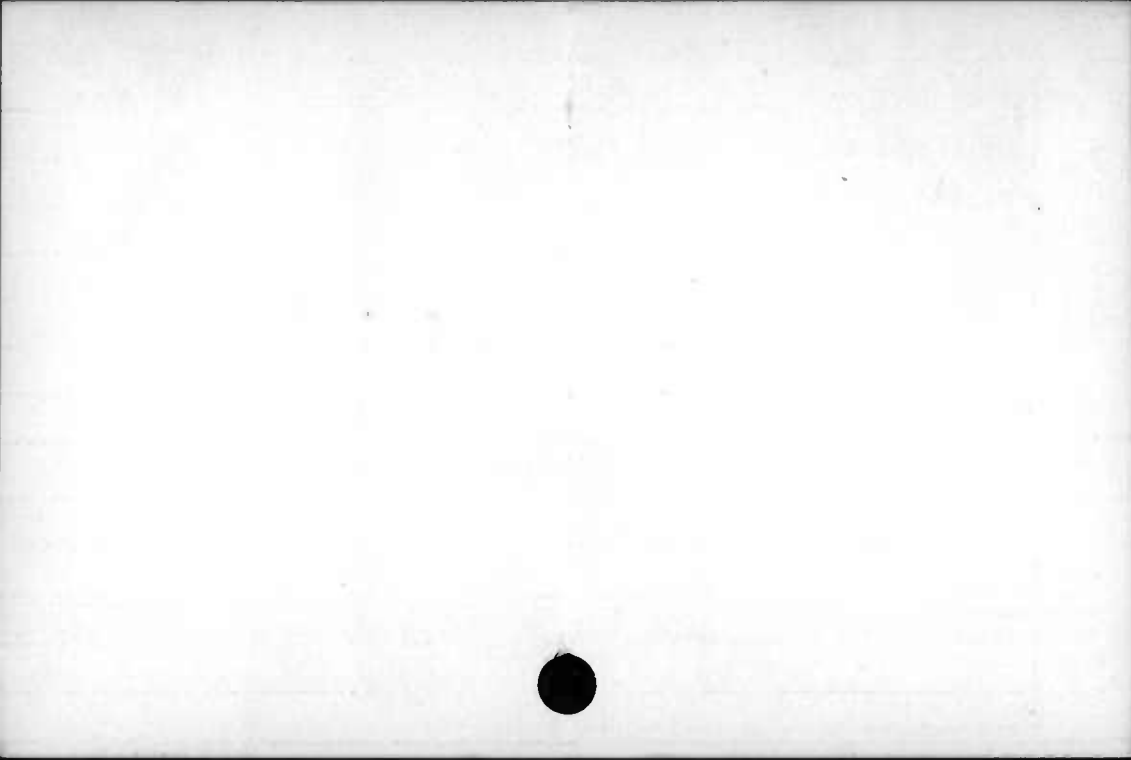
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Nellie Nichols</i>		Town <i>Federalsburg</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Federalsburg</i>		Month <i>Sep</i>		Day <i>19</i>		Age <i>75</i>	
Date of death 190 <i>3</i>		Month <i>Sep</i>		Day <i>19</i>		Months <i>75</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>		Days	
Married, Single or Widowed <i>widowed</i>		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's chronic</i>	How long	<i>years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R. Kemp Jefferson</i>
		Address	<i>Federalsburg md</i>
Accident or Suicide?			



Name In Full

Certificate of Death

Richard R. Perry

Town

County

Died at near Preston

Caroline

MARYLAND

Date 1903 Month Sept Day 26 Y. 53 M. D. Native of Md Occupation Farmer

Male White Married Widower ~~Divorced~~

Female Colored Single Widower Number of children living one

Husband of

Wife

Father's

Name

Edmund Perry

Mother's

Maiden Name

Cause of Primary

Phthisis

Death Immediate

Hemorrhage

How long sick

27. 6 mo.

~~Accident, Suicide, Homicide~~

Reported by

J. L. Tobey M.D.

Address

Preston

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John W Randolph</i>		Town <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Federalburg</i>		Month <i>Sep</i>		Day <i>30</i>		Age <i>67</i>	
Date of death <i>1903</i>		Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Pa.</i>	
Occupation <i>Painter</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Martina Randolph</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

Primary	<i>Heart disease</i>	How long	<i>4 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R Kent Jefferson</i>
		Address	<i>Federalburg Md</i>
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Abigail Ritchie

CERTIFICATE OF DEATH

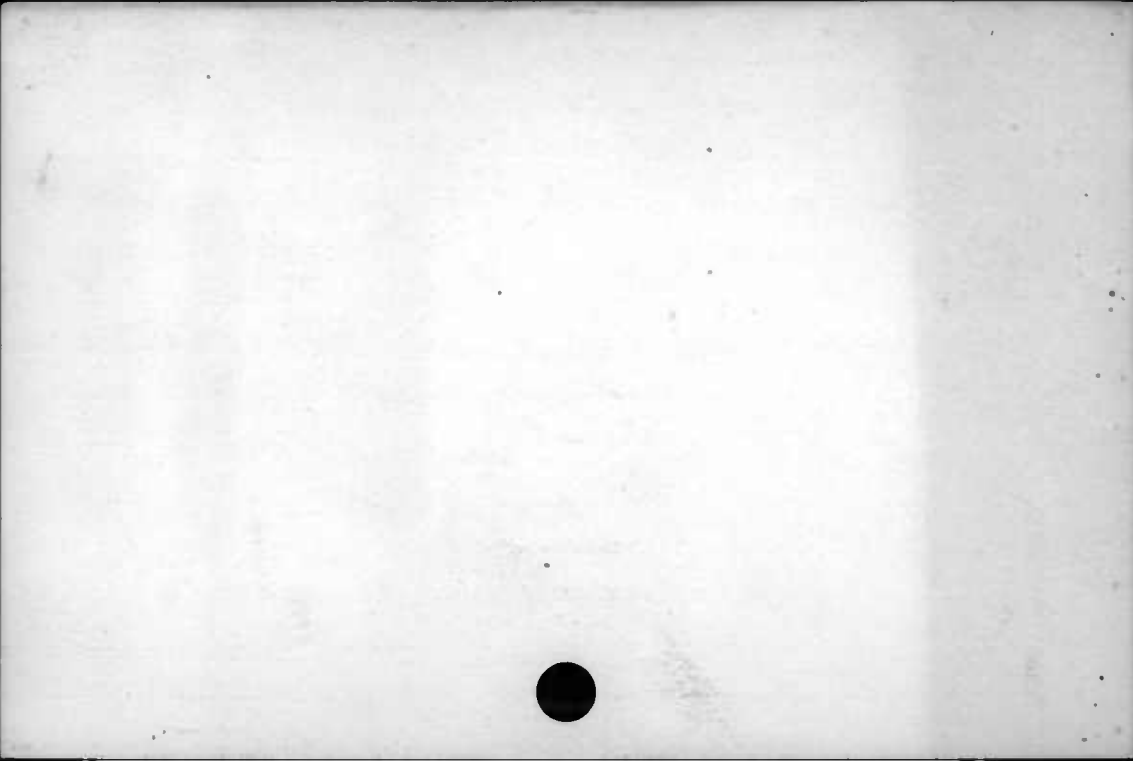
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ridgely</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	<u>Sept</u> <small>Month</small>	<u>2</u> <small>Day</small>	Age <u>49</u> <small>Years</small>	<u>5</u> <small>Months</small>	<u>10</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Pan</u>		
Married <u>Yes</u>			Occupation <u>Housewife</u>		
Name of Wife or Husband <u>Daniel Ritchie</u>					
Father's Name <u>David Whitfield</u>			Father's Birthplace <u>Pan</u>		
Mother's Maiden Name <u>Nancy Whitfield</u>			Mother's Birthplace <u>Pan</u>		
Name of person giving information <u>Wm F. Miller D. Ritchie</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>4 weeks</u>
Immediate <u>Asthma hemorrhages</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm F. Miller</u>
	Address <u>Keeslow Md</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>2nd</i>		Town <i>Tempsville</i>		County <i>Caroline</i>		MARYLAND	
Date of death 190 <i>7</i>		Month <i>9</i>		Day <i>20</i>		Age <i>106</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Tempsville</i>		Months <i>7</i>	
Married, Single or Widowed <i>—</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>John Smith</i>		Father's Birthplace <i>Balto-</i>					
Mother's Maiden Name <i>Sallie Fauskner</i>		Mother's Birthplace <i>Tempsville</i>					
Name of person giving information <i>John Smith</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>		How long <i>5-10</i>	
Immediate <i>Exhaustion</i>		How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. E. G. Golley</i>	
		Address <i>Tempsville</i>	
Accident or Suicide?			

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smithville</i>		Town		<i>Caroline</i>		County	
Date of death <i>1903</i>		Month <i>Sep</i>		Day <i>12</i>		Age <i>30</i>	
Sex <i>female</i>		Color or Race <i>negro</i>		Birth-place <i>md</i>		Where Residing if not at place of death	
Occupation <i>housewife</i>		Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Thomas Taylor</i>		Father's Birthplace	
Father's Name		Mother's Maiden Name		27		Mother's Birthplace	
Name of person giving Information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthisis</i>	How long	<i>2 years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R. Kemp Jefferson</i>
		Address	<i>Federalburg md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

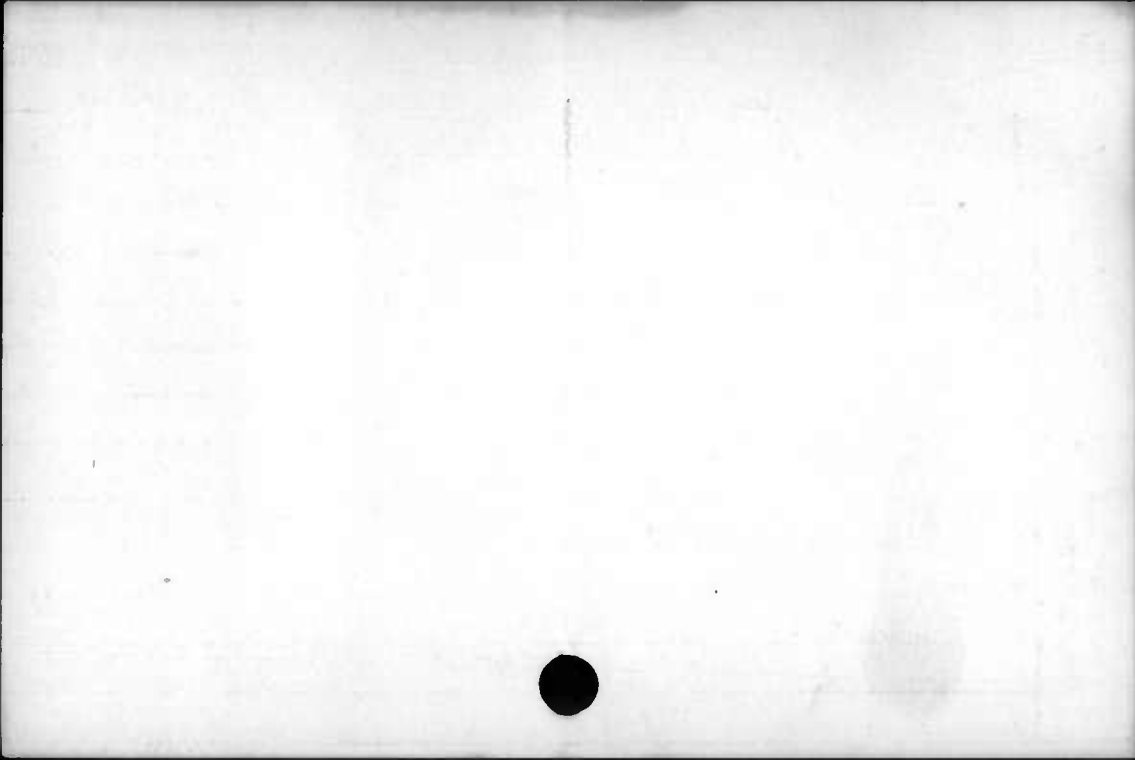
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Federalsburg</i>		County <i>Caroline</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>sep</i>	Day <i>26</i>	Age <i>14</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>md</i>			
Married, Single or Widowed <i>single</i>		Occupation <i>student</i>			
Name of Wife or Husband					
Father's Name <i>W F Wilson</i>		50.		Father's Birthplace <i>md</i>	
Mother's Maiden Name <i>Martina Cahall</i>				Mother's Birthplace <i>Del</i>	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diabetes Acutus</i>	How long	<i>4 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>R Kemp Jefferson</i>	
Address		<i>Federalsburg md</i>	
Accident or Suicide?			



Name
in
Full

Anton. Woodschyski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hillsboro</i>		Town		<i>Carroll</i>		County		MARYLAND	
Date of death 190 <i>7</i>	Month <i>Sept</i>	Day <i>23</i>	Age <i>1</i>	Years	Months <i>4</i>	Days <i>2</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pragonspat. Ind.</i>					
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name <i>Joseph Woodschyski</i>				Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Francis Woodschyski</i>				Mother's Birthplace <i>"</i>					
Name of person giving information <i>Brother Francis Woodschyski</i>				How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro Enteritis</i>	How long <i>Six weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. F. Miller</i>
	Address <i>Hillsboro Ind.</i>
Accident or Suicide?	

